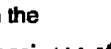



PTO/SB/31 (02-01)
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) BP0002-US
Fax CERTIFICATION Date of Deposit: <u>9/20/2005</u> I hereby certify that this correspondence is being facsimile deposited (Fax No. 571-273-8300) on the date indicated above and is addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Signature: <u></u> Print Name: <u>Brian D. Gildea</u>		In re Application of Coull et al. Application Number 09/996,658 Filed 11/29/2001 For METHODS AND COMPOSITIONS FOR SORTING AND/OR DETERMINING ORGANISMS Group Art Unit 1634 Examiner Bradley L. Sisson
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner, dated 04/20/05, rejecting the following claims: <u>1-50</u> . The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>500.00</u> . <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>01-2213</u> . I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____ <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>9/20/05</u> Date </div> <div style="text-align: center;">  (Signature) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <u>Brian D. Gildea</u> (Typed or printed name) </div> <div style="text-align: center;"> <u>39,995</u> (Reg. No.) </div> </div>		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. <input type="checkbox"/> * Total of _____ forms are submitted.		

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